

REMARKS

Claims 1, 2 and 4-15 and 20 are pending in this application. Claims 1, 8, 12, 14 and 15 are amended to further define and clarify the invention and correct an informality identified by the Applicant. Support for the amendments can be found throughout the specification and specifically on page 6, lines 11 – 21. Therefore, Applicant respectfully submits that no new matter has been added by the amendments.

New claim 20 is added by this response and is dependent on independent claim 1. New claim 20 includes the feature that “said secondary examinations include at least one of: an alternative secondary examination wherein parameters used in secondary evaluation of said data are equal to said initial evaluation but are determined by a method different from said initial evaluation; and a supplemental secondary examination wherein parameters used in said secondary examinations are different than parameters used in said initial evaluation and which are not to be determined by said point of care measuring device.” Support for this amendment can be found throughout the specification, specifically on page 6, lines 13-16. Applicant respectfully submits that no new matter has been added by this amendment.

Rejection of Claims 1, 2, 4-8 and 12-15 under 35 USC § 103(a)

Claims 1, 2, 4-8 and 12- 15 are rejected under 35 USC 103(a) as being unpatentable over Stewart et al. (U.S. Patent No. 6,383,150) in view of Lawrence et al. (U.S. Patent No. 6,272,481).

Claim 1 describes a system for the automatic evaluation and quality control of medical point of care laboratory measurement data of a patient specimen. The system includes a point of care measuring device disposed at a facility of a physician for obtaining point of care laboratory measurement data. A central expert system is disposed remote from the location of point of care. A data link, selected from the group consisting of a data line and a data network, connects the central expert system to the

point of care measuring device. The central expert system is accessible by a treating physician via the data link to function as a virtual laboratory data collection and diagnostic system for acting on the point of care laboratory measurement data to make an evaluation available to the treating physician based on the point of care laboratory measurement data. A central laboratory is connected online to the expert system for automatically reporting back a listing to the treating physician of secondary examinations available for acting on the point of care laboratory measurement data if an initial evaluation at the expert system of the point of care laboratory measurement data does not produce a definitive diagnosis.

Stewart describes a test administration center for administering a plurality of balance diagnostic tests to a patient. Diagnostic data is evaluated by a skilled clinician at a test evaluation center located remotely from the test administration center. A computer network links, and transfers data from, the test administration center to both the test evaluation center, where the data is evaluated, and to a patient database, where the data is stored (see Abstract).

Applicant respectfully submits that Stewart is fundamentally different from the system described in claim 1. Specifically, Stewart is concerned with diagnosing balance disorders of a person. As shown in Figure 2 of Stewart and the corresponding description thereof, a person at the satellite balance testing center performs a “battery of vestibular diagnostic tests” directly on the patient. The results of these are transcribed by the tester and transmitted for evaluation by a specialist at a remote center. This is wholly unlike and unrelated to the claimed arrangement which is a system for “automatic evaluation and quality control of medical point of care laboratory measurement data of a **patient specimen**”. Vestibular tests, as disclosed in Stewart, are tests of function to determine if something is wrong with the inner ear and are performed directly on a patient. However, contrary to the present claimed invention, the tests of Stewart yield no “patient specimen”. Thus, the “point of care laboratory measurement data” is fundamentally different from the results of the balance tests performed in Stewart because the present claimed “measurement data” is derived from a “patient specimen”. Therefore, Stewart neither discloses nor suggests “a point of care

measuring device disposed at a point of care which obtains point of care laboratory measurement data” from a “patient specimen” as in the claimed invention.

Additionally, contrary to the assertions in the office action, Stewart neither discloses nor suggests that a “central expert system being accessible by a treating physician via said data link to function as a virtual laboratory data collection and diagnostic system for acting on said point of care laboratory measurement data to make an evaluation available to said treating physician based on said point of care laboratory measurement data,” as recited in the present claimed invention. Rather, column 6, lines 57-61 of Stewart describe a **specialist reviewing** the data and **recommending a treatment**. This is wholly unlike the present claimed invention and in fact, is one of the problems identified by the present application to be resolved by the claimed invention. The present claimed invention recognizes that “the treating physician cannot be expected to have the necessary expert knowledge in all cases for purposes of interpreting the measurement values generated in his or her practice” and “the individual physician would be unable to meaningfully evaluate the larger volume of laboratory data...without the necessary expert system” (Specification page 2, lines 3-5 and page 3, lines 9-11). This deficiency is addressed by the claimed invention by providing an **expert system** that “not only considers the currently determined laboratory measuring values, but also combines them with up-to-date medical knowledge “Guidelines,” as they are available from “Data Warehouses,” for example, and are combined with patient-relevant data from electronic patient files” to **prepare treatment proposals** as a result of implemented rules based on this up-to-date medical knowledge (page 4, lines 15-18). Stewart does not function in a manner equivalent to the present claimed invention. As discussed above, any evaluation of data is made a person or specialist and NOT by a “central expert system” that “function[s] as a virtual laboratory” to “make an evaluation available to said treating physician”. In fact, Stewart teaches against such an automatic evaluation and requires a specialist to review any test data and provide a diagnosis to a primary care physician (see Stewart, lines 57 – 62). Thus, Applicant respectfully submits that Stewart neither discloses nor suggests the claimed features involving “central expert system being accessible by a treating physician via said data link to function as a virtual laboratory data collection and

Application No. 09/742,268 Attorney Docket No. 2000P19709
diagnostic system for acting on said point of care laboratory measurement data to make an evaluation available to said treating physician based on said point of care laboratory measurement data,” as recited in the present claimed invention.

As admitted on page 3 of the office action, Stewart further neither discloses nor suggests “a central laboratory connected online to said expert system for automatically reporting back a listing to said treating physician of secondary examinations available for acting on said point of care laboratory measurement data to make an evaluation available to said treating physician based on said point of care laboratory measurement data if an initial evaluation at said expert system of said point of care laboratory measurement data does not produce a definitive diagnosis,” as recited in the present claimed invention. Applicant respectfully disagrees with the assertion that Lawrence (with Stewart) describes these features. Rather, Lawrence (with Stewart) describes an integrated medical computer system which includes separate modules for communication, switching and administration, as well as the addition of a plurality of medical data banks having medical information stored therein (Column 1, lines 18-22).

Lawrence in column 8, lines 21-40, cited in the Office Action, describes applying a confidence level test to a result to make the diagnosis conclusive. When the confidence level is acceptable, the medical staff takes the appropriate action, such as giving out medication, carrying out a blood test or ordering a nurse to provide physical therapy. When the confidence level is less than acceptable, additional tests/procedures are repeatedly imposed until the confidence level reaches an acceptable level. Essentially, the **system** of Lawrence automatically and repeatedly performs different tests to obtain an appropriate confidence level, without any input from personnel. Then, when the appropriate level is obtained, the personnel perform appropriate actions. Applicant respectfully submits that this is wholly unlike the present claimed invention. The present invention does not provide a system that automatically and repeatedly performs tests until an appropriate confidence level is reached. Rather, the present invention reports a list of possible secondary examinations to a treating physician that may be performed on the “point of care laboratory measurement data”. The system of the present invention reports a list of secondary examinations in order to

allow the physician to decide how to proceed. Lawrence, contrary to the present claimed invention, merely automatically performs additional tests to confirm the original hypothesis. This is wholly unlike “reporting back a listing to said treating physician of secondary examinations.

It is respectfully submitted that there is no reason or motivation to combine Stewart with Lawrence. Stewart and Lawrence are mutually incompatible systems. Stewart is concerned with having a specialist at a regional balance clinic evaluate test data and recommend a diagnosis and treatment. Having the specialist make the diagnosis and suggest treatment is in direct conflict with the automatic integrated medical system of Lawrence that determines diagnosis from automatically repeating and performing tests to determine confidence levels of a hypothesis using rules programmed into the system. There would be no reason to include a manual analysis as performed in Stewart with the automatic testing using a specific rules set as in Lawrence.

Therefore, even if one were able to combine Stewart with Lawrence to produce an operable system, Applicant respectfully submits that Stewart with Lawrence would produce a system that automatically uses confidence levels to diagnose balance disorders. This combination neither discloses nor suggests, a “central expert system being accessible by a treating physician via said data link to function as a virtual laboratory data collection and diagnostic system for acting on said point of care laboratory measurement data to make an evaluation available to said treating physician based on said point of care laboratory measurement data,” as recited in the present claimed invention. Stewart with Lawrence also neither discloses nor suggests, “a central laboratory connected online to said expert system for automatically reporting back a listing to said treating physician of secondary examinations available for acting on said point of care laboratory measurement data to make an evaluation available to said treating physician based on said point of care laboratory measurement data if an initial evaluation at said expert system of said point of care laboratory measurement data does not produce a definitive diagnosis,” as recited in the present claimed

Application No. 09/742,268 Attorney Docket No. 2000P19709
invention. Consequently, withdrawal of the rejection of claim 1 under 35 USC 103(a)
is respectfully requested.

Claims 2 and 4 – 6 and 8 are dependent on claim 1 and are considered patentable for the reasons presented above with respect to independent claim 1. Therefore, Applicant respectfully requests the rejection of claims 2 and 4 - 8 under 35 USC 103(a) be withdrawn.

Claim 7 is dependent on independent claim 1 and is considered patentable for the reasons presented above with respect to claim 1. Claim 7 is also considered patentable for the following reasons. Applicant respectfully submits that contrary to the assertion of the office action, Stewart (with Lawrence) neither discloses nor suggests that the “expert system includes a data bank containing up-to-date medical knowledge and patient data and acts on said point of care laboratory measurement data using said medical knowledge and said patient data,” as recited in the present claimed invention. Rather, column 4, lines 6-19 and elsewhere in Stewart describes an “off-site ‘expert’ interpretation of balance dysfunction test data.” The results discussed in Stewart are merely assessed results of physical tests performed on a patient and NOT “point of care laboratory measurement data” from a “patient specimen” as in the claimed system. As described above with respect to claim 1, the “expert” in Stewart is a specialist at the regional balance clinic (see col. 6, lines 57 – 63). This is wholly unlike the present claimed invention, which provides an **expert system** that “not only considers the currently determined laboratory measuring values, but also combines them with up-to-date medical knowledge “Guidelines,” as they are available from “Data Warehouses,” for example, and are combined with patient-relevant data from electronic patient files” to **prepare treatment proposals** as a result of implemented rules based on this up-to-date medical knowledge (page 4, lines 15-18). Stewart (with Lawrence) provide no 35 USC 112 compliant enabling disclosure of the present claimed feature. Consequently, Applicant respectfully requests the rejection of claim 7 under 35 USC 103(a) be withdrawn.

Amended independent claim 12 describes a networked expert system for automatic evaluation and quality control of medical point of care laboratory measurement data of a patient specimen. A communications interface receives a message including point of care laboratory measurement data derived from a patient specimen. A central expert system includes access to a data bank for examining the point of care laboratory measurement data and for assessing sufficiency of the patient specimen for preparing a definite diagnosis and at least one secondary examination. A data bank contains up-to-date medical knowledge and patient data. An input processor receives data comprising a diagnostic evaluation of the point of care laboratory measurement data and therapy concepts and background knowledge. A distribution processor forwards the received diagnostic evaluation data and therapy concepts and background knowledge to a destination system. Similarly to claim 1, Stewart (with Lawrence) neither disclose nor suggest the claimed arrangement.

Applicant respectfully submits that Stewart is fundamentally different from the system described in claim 12. Specifically, Stewart is concerned with diagnosing balance disorders of a person. As shown in Figure 2 of Stewart and the corresponding description thereof, a person at the satellite balance testing center performs a “battery of vestibular diagnostic tests” directly on the patient. The results of these are transcribed by the tester and transmitted for evaluation by a specialist at a remote center. This is wholly unlike and unrelated to the claimed arrangement which is a system for “automatic evaluation and quality control of medical point of care laboratory measurement data of a **patient specimen**”. Vestibular tests, as disclosed in Stewart, are tests of function to determine if something is wrong with the inner ear and are performed directly on a patient. However, contrary to the present claimed invention, the tests of Stewart yield no “patient specimen”. Therefore, Stewart neither discloses nor suggests “point of care laboratory measurement data derived from a patient specimen” as claimed in amended claim 12.

Contrary to the assertions on page 5 of the Office Action, Stewart (with Lawrence) neither discloses nor suggests the features described by claim 12 of the present invention. Rather, as described above with respect to claim 1, Stewart

Application No. 09/742,268 Attorney Docket No. 2000P19709
describes a specialist at the regional balance clinic reviewing the test data, making a diagnosis and recommending a treatment. This is wholly unlike the present claimed invention, which provides an **expert system** that “not only considers the currently determined laboratory measuring values, but also combines them with up-to-date medical knowledge “Guidelines,” as they are available from “Data Warehouses,” for example, and are combined with patient-relevant data from electronic patient files” to **prepare treatment proposals** as a result of implemented rules based on this up-to-date medical knowledge (page 4, lines 15-18).

Additionally, as admitted on page 5 of the office action, Stewart neither discloses nor suggests, “a central expert system including access to a data bank for examining the point of care laboratory measurement data and for assessing sufficiency of said patient specimen for preparing a definite diagnosis and at least one secondary examination,” as recited in the present claimed invention. Applicant respectfully submits that this feature is also neither disclosed nor suggested by Lawrence. As described above with respect to claim 1, Lawrence merely describes performing additional tests/procedures until the confidence level reaches the required level. Lawrence makes no mention or even suggestion of determining whether **the actual patient specimens are sufficient** to prepare initial and additional tests on. Rather, Lawrence merely determines whether the **results are sufficient**. These are opposite ends of the testing spectrum. Thus, Lawrence neither discloses nor suggests a central expert system including access to a data bank for examining the point of care laboratory measurement data and for assessing sufficiency of said patient specimen for preparing a definite diagnosis and at least one secondary examination,” as recited in the present claimed invention.

Applicant respectfully submits that there is no reason or motivation to combine Stewart with Lawrence as they are incompatible systems with the Stewart system having specialists diagnose balance disorders and Lawrence system using rules in an integrated medical system to automatically determine confidence levels regarding a diagnosis. Additionally, Stewart is concerned with a centralized and remote system for evaluating balance-related diagnostic test data, while Lawrence is concerned with

Application No. 09/742,268 Attorney Docket No. 2000P19709
integrating a medical computer system including separate modules for communication, switching and administration, as well as the addition of a plurality of medical data banks having medical information stored therein. These systems do not address the problem solved by the present claimed invention. Stewart with Lawrence are not concerned with and provide no 35 USC 112 compliant enabling disclosure of determining whether a patient specimen is sufficient to be used in tests to obtain a diagnosis and if necessary, secondary examinations.

Therefore, if one were able to combine Stewart with Lawrence to produce an operable system, Applicant respectfully submits that Stewart with Lawrence would produce a system that automatically uses confidence levels to diagnose balance disorders. This combination neither discloses nor suggests, “a central expert system including access to a data bank for examining the point of care laboratory measurement data and for assessing sufficiency of said patient specimen for preparing a definite diagnosis and at least one secondary examination,” as recited in the present claimed invention. Consequently, withdrawal of the rejection of claim 12 under 35 USC 103(a) is respectfully requested.

Claims 13 and 14 are dependent on claim 12 and are considered patentable for the reasons presented above with respect to independent claim 12. Therefore, Applicant respectfully requests the rejection of claims 13-14 under 35 USC 103(a) be withdrawn.

Claim 15 is considered to be patentable based on it's dependence on claim 12. Therefore, the arguments given above with respect to claim 12 also apply to claim 15. Claim 15 is also considered to be patentable because Lawrence (with Stewart) neither discloses nor suggests “the central laboratory reports the listing of the secondary examinations to a treating physician and subsequent to positive feedback from said treating physician, the central expert system re-evaluates the point of care laboratory measurement data by using at least one listed secondary examination” as recited in the present claimed invention. The Lawrence (with Stewart) system merely automatically and continuously performs secondary examinations on data results until an appropriate confidence level is reached. The present claimed invention, on the other hand, provides

a list of secondary examinations to a physician and after he provides “positive feedback,” “the central expert system re-evaluates the point of care laboratory measurement data by using at least one listed secondary examination.” Thus, Lawrence (with Stewart) neither discloses nor suggests the central laboratory reports the listing of the secondary examinations to a treating physician and subsequent to positive feedback from said treating physician, the central expert system re-evaluates the point of care laboratory measurement data by using at least one listed secondary examination” as recited in the present claimed invention. Consequently, withdrawal of the rejection of claim 15 under 35 USC 103(a) is respectfully requested.

In view of the above remarks, and the remarks concerning Independent claim 1, it is respectfully submitted that Stewart and Lawrence when taken alone or in combination provide no 35 USC 112 compliant enabling disclosure showing the features claimed in claims 1 and 12. As claim 2, and 4 – 8 are dependent on claim 1 and claims 13 – 15 are dependent on claim 12, it is respectfully submitted that claims 2, 4 – 8 and 13 – 15 are patentable for the same reasons discussed with respect to claims 1 and 12. It is thus further respectfully submitted that this rejection is satisfied and should be withdrawn.

Rejection of Claim 9 under 35 USC § 103(a)

Dependent claim 9 is rejected under 35 USC 103(a) as being unpatentable over Stewart et al. (U.S. Pat. No. 6,383,150) in view of Lawrence et al. (U.S. Pat. No. 6,272,481) and further in view of Jachimowicz et al. (U.S. Pat. No. 5,763,862).

Dependent claim 9 is considered to be patentable based on its dependence on claims 1 and 7 for reasons given in connection with these claims. Jachimowicz describes a dual card smart card reader including a portable housing with a viewing aperture and a virtual image display positioned to provide an image at the aperture. Similarly to Stewart (and Lawrence), Jachimowicz neither discloses nor suggests “a central laboratory is connected online to said expert system for automatically reporting back a listing to the treating physician of secondary examinations available for acting

on said point of care laboratory measurement data if an initial evaluation at said expert system of the point of care laboratory measurement data does not produce a definitive diagnosis” as claimed in independent claim 1 of the present invention. Jachimowicz is not concerned with providing a list of secondary examinations available to run on the point of care data when the initial evaluation “does not produce a definitive diagnosis” as claimed in claim 1. Rather, Jachimowicz is concerned with viewing information stored on a smart card. Jachimowicz (with Stewart and Lawrence) does not teach (and provides no 35 USC 112 enabling disclosure of) “a central laboratory is connected online to said expert system for automatically reporting back a listing to the treating physician of secondary examinations available for acting on said point of care laboratory measurement data if an initial evaluation at said expert system of the point of care laboratory measurement data does not produce a definitive diagnosis” as in the present claimed invention.

It is respectfully submitted that there is no reason or motivation to combine Stewart and Lawrence with Jachimowicz. As described above with respect to claim 1, Stewart and Lawrence are incompatible systems with the Stewart system having specialists diagnose balance disorders and the Lawrence system using rules in an integrated medical system to automatically determine confidence levels regarding a diagnosis. Jachimowicz describes a system for securely viewing information on a smart card. Stewart, Lawrence and Jachimowicz relate to and attempt to resolve entirely different problems. Stewart is concerned with a centralized and remote system for evaluating balance-related diagnostic test data, while Lawrence is concerned with integrating a medical computer system including separate modules for communication, switching and administration, as well as the addition of a plurality of medical data banks having medical information stored therein. Jachimowicz, on the other hand, relates to securely viewing information on a smart card. Additionally, there is no recognition of the problem addressed by the present claimed invention, namely, providing a system that **provides a list** of available secondary examinations to perform on data when then initial evaluation does not produce a definitive diagnosis.

However, even if there was a reason or motivation to combine Stewart, Lawrence and Jachimowicz, in any combination, as suggested in the Office Action, the combination would not produce the present claimed invention. This combination would result in a system that stores diagnosis information regarding a patient on a selectively accessible smart card. Stewart, Lawrence and Jachimowicz, alone or in any combination, neither discloses nor suggests “a central laboratory is connected online to said expert system for automatically reporting back a listing to the treating physician of secondary examinations available for acting on said point of care laboratory measurement data if an initial evaluation at said expert system of the point of care laboratory measurement data does not produce a definitive diagnosis” as in the present claimed invention.

In view of the above remarks, and the remarks concerning Independent claim 1, it is respectfully submitted that Stewart, Lawrence and Jachimowicz when taken alone or in any combination provide no 35 USC 112 compliant enabling disclosure showing the features claimed in claim 1. It is thus further respectfully submitted that this rejection is satisfied and should be withdrawn.

Rejection of Claims 10 and 11 under 35 USC § 103(a)

Dependent claims 10 and 11 are rejected under 35 USC 103(a) as being unpatentable over Stewart et al. (U.S. Pat. No. 6,383,150) in view of Lawrence et al. (U.S. Pat. No. 6,272,481) and further in view of Stevens et al. (U.S. Pat. No. 6,599,481).

Dependent claims 10 and 11 are dependent on independent claim 1 and are considered patentable for the reasons discussed above with respect to claim 1. Claims 10 and 11 are also considered patentable for the following reasons.

Stevens et al. describe a substrate, in the form of a partitioned label, removably attached to a container that can be linked electronically to the operating stations in a laboratory and/or removed and subsequently attached to a document or another

Application No. 09/742,268 Attorney Docket No. 2000P19709
container. Similarly to Stewart and Lawrence, Stevens neither discloses nor suggests
“a central laboratory is connected online to said expert system for automatically
reporting back a listing to the treating physician of secondary examinations available
for acting on said point of care laboratory measurement data if an initial evaluation at
said expert system of the point of care laboratory measurement data does not produce a
definitive diagnosis” as claimed in independent claim 1 of the present invention.
Stevens is not concerned with providing a list of secondary examinations available to
run on the point of care data when the initial evaluation “does not produce a definitive
diagnosis” as claimed in claim 1. Stevens is concerned with electronically tracking
specimens. Stevens (with Stewart and Lawrence) does not teach (and provides no 35
USC 112 enabling disclosure of) “a central laboratory is connected online to said expert
system for automatically reporting back a listing to the treating physician of secondary
examinations available for acting on said point of care laboratory measurement data if
an initial evaluation at said expert system of the point of care laboratory measurement
data does not produce a definitive diagnosis” as in the present claimed invention.

It is respectfully submitted that there is no reason or motivation to combine
Stewart and Lawrence with Stevens, in any combination. Stewart and Lawrence are
incompatible systems with the Stewart system having specialists diagnose balance
disorders and Lawrence system using rules in an integrated medical system to
automatically determine confidence levels regarding a diagnosis. Stevens, contrary to
the diagnostic systems of Stewart and Lawrence, describes a labeling system for
labeling containers prior to use as a specimen collection device. Stewart, Lawrence and
Stevens relate to entirely different and unrelated problems. Stewart is concerned with a
centralized and remote system for evaluating balance-related diagnostic test data, while
Lawrence is concerned with integrating a medical computer system including separate
modules for communication, switching and administration, as well as the addition of a
plurality of medical data banks having medical information stored therein. Stevens, on
the other hand, deals with electronically tracking specimens. There is no common
problem presented in any of Stewart, Lawrence and Stevens that presents motivation to
combine these references to obtained the system as claimed in claims 10 and 11 of the
present invention.

However, even if there was a reason or motivation to combine Stewart, Lawrence and Stevens, in any combination, the combination of the systems disclosed by Stewart and Lawrence with the apparatus disclosed by Stevens as suggested in the Office Action would not result in the present claimed invention. This combination would result in a system that electronically tracks the diagnosis of patients. The combination of Stewart, Lawrence and Stevens, in any combination neither discloses nor suggests “a central laboratory is connected online to said expert system for automatically reporting back a listing to the treating physician of secondary examinations available for acting on said point of care laboratory measurement data if an initial evaluation at said expert system of the point of care laboratory measurement data does not produce a definitive diagnosis” as in the present claimed invention.

In view of the above remarks, and the remarks concerning Independent claim 1, it is respectfully submitted that Stewart, Lawrence and Stevens, when taken alone or in any combination, provide no 35 USC 112 compliant enabling disclosure showing the features claimed in claim 1. As claims 10-11 are dependent on claim 1, it is respectfully submitted that claims 10-11 are patentable for the same reasons as claim 1 discussed above. It is thus further respectfully submitted that this rejection is satisfied and should be withdrawn.

New dependent claim 20 describes the secondary examinations for use with the system of claim 1. Applicant respectfully submits that these features are neither disclosed nor suggested by Stewart, Lawrence, Jachimowicz, or Stevens either alone or in combination with one another. Specifically, these references fail to disclose that the secondary examinations include at least one of “an alternative secondary examination wherein parameters used in secondary evaluation of the data are equal to the initial evaluation but are determined by a method different from the initial evaluation” and “a supplemental secondary examination wherein parameters used in the secondary examinations are different than parameters used in the initial evaluation and which are not to be determined by the point of care measuring device”. As claim 20 is dependent on claim 1, the arguments given with respect to claim 1 also apply to claim 20. Claim

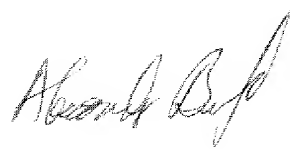
Application No. 09/742,268 Attorney Docket No. 2000P19709
20 is also considered to be patentable because nowhere in any of the cited references is there 35 USC 112 compliant enabling disclosure regarding the description of the types of secondary examinations that may be performed by a system.

Having fully addressed the Examiner's rejections, it is believed that, in view of the preceding amendments and remarks, this application stands in condition for allowance. Accordingly then, reconsideration and allowance are respectfully solicited. If, however, the Examiner is of the opinion that such action cannot be taken, the Examiner is invited to contact the applicant's attorney at the phone number below, so that a mutually convenient date and time for a telephonic interview may be scheduled.

Respectfully submitted,
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By: _____



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